



YOUTH CORRECTIONAL FACILITY

Facility Address: _____

Date: _____

_____ is on the following medication:
(Youth's Name)

MEDICATION & STRENGTH	SCHEDULE & ROUTE	PURPOSE

The following information was discussed with this youth:

- (1) The name of the medication, strength, schedule, route, and purpose for the prescribed medication.
- (2) Review of the medication's potential side effects, cautions, and expected benefits.
- (3) A thirty (30) day supply of each medication prescribed for you will be forwarded to your placement location. This supply should be adequate to last until you can be seen by a medical professional in or near the community you will live in. No refills will be issued from this facility; if you anticipate continuing the prescription(s), please schedule an appointment with your chosen provider as soon as possible to determine ongoing needs and avoid a lapse of medication supply.
- (4) You are under no obligation to continue taking this medication unless it is court ordered.
- (5) Your chosen provider may request your medical information from this facility; you would then need to sign a Release of Information at that office to send to us.
- (6) This form will be sent to your Parole Officer, a copy will be retained in your medical record, and a copy will be given to you.*

I have discussed the above information with this youth.

(Nurse signature)

(Date)

I have read and discussed the above information with the nurse. I have been given the opportunity to ask questions.

(Youth signature)

(Date)

* Original to Parole Officer _____

* Copy to Youth

* Copy to Medical Record